

| | | | |
|---------------------------------|-------------------------------------|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>METF-127339952</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Texas Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>49404</i> |
| <i>Company Tracking Number:</i> | <i>11M009-E</i> | | |
| <i>TOI:</i> | <i>L07I Individual Life - Whole</i> | <i>Sub-TOI:</i> | <i>L07I.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i> | <i>Electronic Application</i> | | |
| <i>Project Name/Number:</i> | <i>/11M009-E</i> | | |

Filing at a Glance

Company: Texas Life Insurance Company

Product Name: Electronic Application

TOI: L07I Individual Life - Whole

Sub-TOI: L07I.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: METF-127339952 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49404

Co Tr Num: 11M009-E

State Status: Approved-Closed

Author: Jan Spoede

Date Submitted: 07/26/2011

Reviewer(s): Linda Bird

Disposition Date: 08/04/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name:

Project Number: 11M009-E

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Our domiciliary
state is part of the ICC compact filing we filed
for this application.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 08/04/2011

State Status Changed: 08/04/2011

Deemer Date:

Submitted By: Jan Spoede

Filing Description:

11M009-E

Created By: Jan Spoede

Corresponding Filing Tracking Number:

This electronic application form will to be used in conjunction with forms previously approved by the Interstate Insurance Compact. The forms it will be used with are WLSTO-NI-11, ULABR-11, ULCL-FIR-11, and application forms 11M009 and 11M010. The policy form and riders were are previously approved on March 24, 2011. The SERFF tracking number is METF-127047555. The applications were previously approved on July 22, 2011 under SERFF tracking number

SERFF Tracking Number: METF-127339952 State: Arkansas
 Filing Company: Texas Life Insurance Company State Tracking Number: 49404
 Company Tracking Number: 11M009-E
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Electronic Application
 Project Name/Number: /11M009-E

METF-127318429. It will also be used with WLOTO-NI-11 which was previously approved on March 24, 2011 under SERFF Tracking number METF-127048290.

These forms will also be used with ICC07-ULCL-ADB-07, an Accidental Death Benefit Rider, and ICC07-ULCL-WP-07, a Waiver of Premium Disability Rider that were approved by the ICC on March 6, 2008, under SERFF filing number METF-125380672. These forms will also be sold with USTR-09, a Strike Rider, in the states that approved it. It is listed on the Statement of Intent tab.

Company and Contact

Filing Contact Information

Jan Spoede, Senior Associate, Product Development
 P.O. Box 830
 Waco, TX 76703
 jspoede@texaslife.com
 800-283-9233 [Phone] 6371 [Ext]
 254-745-6389 [FAX]

Filing Company Information

Texas Life Insurance Company
 P.O. Box 830
 Waco, TX 76703
 (800) 283-9233 ext. [Phone]
 CoCode: 69396
 Group Code:
 Group Name:
 FEIN Number: 74-0940890
 State of Domicile: Texas
 Company Type: Life
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Our domiciliary state of Texas requires a fee of \$50.00 for an application
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------|---------|----------------|---------------|
| Texas Life Insurance Company | \$50.00 | 07/26/2011 | 50102734 |

| | | | |
|---------------------------------|-------------------------------------|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>METF-127339952</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Texas Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>49404</i> |
| <i>Company Tracking Number:</i> | <i>11M009-E</i> | | |
| <i>TOI:</i> | <i>L071 Individual Life - Whole</i> | <i>Sub-TOI:</i> | <i>L071.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i> | <i>Electronic Application</i> | | |
| <i>Project Name/Number:</i> | <i>/11M009-E</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|-------------------|-------------------|-----------------------|
| Approved-Closed | Linda Bird | 08/04/2011 | 08/04/2011 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|----------------|------------------|-------------------|-------------------|-----------------------|
| Explnation | Note To Reviewer | Jan Spoede | 07/27/2011 | 07/27/2011 |

SERFF Tracking Number: *METF-127339952*

State: *Arkansas*

Filing Company: *Texas Life Insurance Company*

State Tracking Number: *49404*

Company Tracking Number: *11M009-E*

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.101 Fixed/Indeterminate Premium - Single
Life*

Product Name: *Electronic Application*

Project Name/Number: */11M009-E*

Disposition

Disposition Date: 08/04/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---------------------------------|-------------------------------------|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>METF-127339952</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Texas Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>49404</i> |
| <i>Company Tracking Number:</i> | <i>11M009-E</i> | | |
| <i>TOI:</i> | <i>L071 Individual Life - Whole</i> | <i>Sub-TOI:</i> | <i>L071.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i> | <i>Electronic Application</i> | | |
| <i>Project Name/Number:</i> | <i>/11M009-E</i> | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|--------------------------------|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Form | Electronic Application | | Yes |

SERFF Tracking Number: *METF-127339952* *State:* *Arkansas*
Filing Company: *Texas Life Insurance Company* *State Tracking Number:* *49404*
Company Tracking Number: *11M009-E*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single Life*

Product Name: *Electronic Application*
Project Name/Number: */11M009-E*

Note To Reviewer

Created By:

Jan Spoede on 07/27/2011 10:14 AM

Last Edited By:

Linda Bird

Submitted On:

08/04/2011 10:36 AM

Subject:

Explnation

Comments:

Dear Analyst,

I stated this form would be used with previous forms approved by the ICC. That is incorrect. These forms will be used with forms previously approved by your state. The form numbers and approval dates are all correct, but I didn't catch the reference to the ICC. I copied and pasted the filing description from the compact filing and the revised it. I am sorry for any confusion that may have caused.

Yours truly,

Jan Spoede

| | | | |
|--------------------------|------------------------------|------------------------|--|
| SERFF Tracking Number: | METF-127339952 | State: | Arkansas |
| Filing Company: | Texas Life Insurance Company | State Tracking Number: | 49404 |
| Company Tracking Number: | 11M009-E | | |
| TOI: | L071 Individual Life - Whole | Sub-TOI: | L071.101 Fixed/Indeterminate Premium - Single Life |
| Product Name: | Electronic Application | | |
| Project Name/Number: | /11M009-E | | |

Form Schedule

Lead Form Number: 11M009-E

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|---|---------|----------------------|-------------|--------------|
| | 11M009-E | Application/ Electronic Application Enrollment Form | Initial | | 56.600 | 11M009-E.pdf |

Proposed Insured

| NAME | STATUS | SEX | SOCIAL | | | BENEFICIARY/RELATIONSHIP |
|-------------|--------|-----|--------------|------------|-----|-----------------------------------|
| | | | SECURITY NO. | BIRTH DATE | AGE | |
| John Q. Doe | EMP | M | 111111111 | 03-01-1976 | 35 | Primary: Gary Doe, Child (100%) / |

Employee Information (applicant and policy owner):

NAME: John Q. Doe SOCIAL SECURITY No: 111111111

ADDRESS: 123 Main Street, Waco, TX 76710

PERSONAL EMAIL ADDRESS: www.jdoe.mybook.com DAYTIME PHONE: 254-666-1111 EVENING PHONE: 254-333-1111

EMPLOYER: ABC GROUP HIRE DATE: 01-01-2001 PAYROLL FREQUENCY: 12

Coverages and Premium

PLAN NAME: [Texas Life SOLUTION Series 321] POLICY FORM: [WLSTO-11]

| NAME | FACE AMOUNT | ADB AMOUNT | WAIVER BENEFIT | FAMILY TERM RIDER | [CHILD TERM AMOUNT] | [UNION STRIKE RIDER] | TOTAL PREMIUM |
|---------------------------|----------------|---------------|-------------------|-------------------------|---------------------------|----------------------------|------------------|
| John Q. Doe | 250000.00 | 250000.00 | No | Yes | [0] | [No] | |
| Payroll Frequency Premium | 154.00 | 20.00 | 15.40 | 2.00 | [0.00] | [0.00] | 189.40 |

I elect the **Automatic Premium Loan** provision to pay premium overdue 30 days or more, if my policy has sufficient cash value. Yes ☒ No ☐

REPLACEMENT

| | |
|---|----|
| Will proposed coverage replace or change any existing insurance or annuity policy? [Detail here for Yes responses] | No |
|---|----|

[Do you have existing insurance or annuities (including coverage with Texas Life)? If "Yes" complete the Existing Insurance Form even if replacement is not contemplated.] No

| QUESTION No. | | PROPOSED INSURED |
|--------------|---|------------------|
| (1) | Within the last 12 months have you used tobacco in any form? | No |
| (2) | Are you at work on a full-time basis, performing your usual duties? | Yes |
| [(3) | During the last 24 months have you sought treatment or been treated for, been prescribed medication for, or been diagnosed by a member of the medical profession as having, any of the following: | No |
| | a. Cancer (excluding non-melanoma skin cancer)? | |
| | b. Heart attack, coronary artery or valve disease, heart failure or cardiomyopathy? | |
| | c. Alcohol or drug abuse? | |
| | d. Diabetes for which the recommended treatment is insulin? | |
| | e. Chronic obstructive pulmonary disease (COPD), emphysema or other chronic lung disease (excluding asthma)? | |
| | f. Stroke or transient ischemic attack (TIA)? | |
| | g. Chronic kidney disease or kidney failure (excluding kidney stones)? | |
| | h. Parkinson's disease or paralysis? | |
| | i. Cirrhosis of the liver or hepatitis (excluding Hepatitis A)? | |
| | J. Acquired Immune Deficiency Syndrome or tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies? |] |

| QUESTION No. | | PROPOSED INSURED |
|--------------|--|---------------------|
| [(4a) | Within the past five years, have you consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation? <i>[Detail here for Yes responses]</i> | No] |
| [(4b) | Within the past five years, have you had an X-ray, EKG, lab test, blood test, or any other medical test or study, except those related to the Human Immunodeficiency Virus (AIDS virus)? <i>[Detail here for Yes responses]</i> | No] |
| [(4c) | Within the past five years, have you used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician? <i>[Detail here for Yes responses]</i> | No] |
| [(4d) | Within the past five years, have you been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection? <i>[Detail here for Yes responses]</i> | No] |
| [(5a) | Within the past ten years, have you been diagnosed with or been treated for heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure? <i>[Detail here for Yes responses]</i> | No] |
| [(5b) | Within the past ten years, have you been diagnosed with or been treated for alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys? <i>[Detail here for Yes responses]</i> | No] |
| [(5c) | Within the past ten years, have you been diagnosed with or been treated for cancer, tumor, diabetes, or disorder of the blood? <i>[Detail here for Yes responses]</i> | No] |
| [(5d) | Within the past ten years, have you been diagnosed with or been treated for asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder? <i>[Detail here for Yes responses]</i> | No] |
| [(6) | Are you taking any prescribed medication at regular intervals? <i>[Detail here for Yes responses]</i> | No] |
| [(7) | What is your height, weight, and birth state? <i>John Q. Doe - Height: 5'10" Weight: 180 lbs Birth State: VA</i> |] |
| [(8) | Your Personal physician: <i>John Q. Doe - Dr Phlyis Smith, 123 Main Waco, TX</i> |] |

Additional Statements

[**For residents of [AL, DC, IN and OR]:** I received a summary description of the accelerated death benefit and Important Notice regarding Accelerated Death Benefit.]

[**For the residents of Arkansas:** Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]

[**For residents of Washington, D.C.: WARNING** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment, and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured. Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete.

E-SIGNATURE RECORDED

X 20110301 19:11:45 IDQ

PROPOSED INSURED (AND POLICY OWNER) SIGNATURE

Agent Only: To the best of my knowledge the insurance applied for **IS** to replace existing insurance or annuity.

[I delivered to the Proposed Insured the applicable forms and information described in Additional Statements above.]

| | | | | |
|---------------------------|----------|----------|------|-------|
| KOLT AGENT | 9999994 | 20110301 | WACO | TX |
| PRINT ENROLLER/AGENT NAME | AGT. NO. | DATE | CITY | STATE |

E-SIGNATURE RECORDED

X ELEC SIGNATURE 201103011090301

ENROLLER / AGENT SIGNATURE

Interim Insurance

Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction or through your membership in a union or association; (2) you sign a Salary Deduction Authorization or Bank Draft Authorization Form (union and association members only); and, (3) you are insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify you that you are ineligible for interim insurance; or, (d) the 180th day after the application date.

| | | | |
|---------------------------------|-------------------------------------|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>METF-127339952</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Texas Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>49404</i> |
| <i>Company Tracking Number:</i> | <i>11M009-E</i> | | |
| <i>TOI:</i> | <i>L071 Individual Life - Whole</i> | <i>Sub-TOI:</i> | <i>L071.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i> | <i>Electronic Application</i> | | |
| <i>Project Name/Number:</i> | <i>/11M009-E</i> | | |

Supporting Document Schedules

| | | |
|------------------------------------|----------------------|---------------------|
| | Item Status: | Status Date: |
| Satisfied - Item: | Flesch Certification | |
| Comments: | | |
| Attachments: | | |
| WLSTO-NI-11 & E-app_Read_Cert.pdf | | |
| AR Cert of Bull 11-83 for apps.pdf | | |
| AR Cert of Bull 19.pdf | | |

| | | |
|---|---------------------|---------------------|
| | Item Status: | Status Date: |
| Satisfied - Item: | Application | |
| Comments: | | |
| The applications 11M009 and 11M010, were previously approved on July 22, 2011 under SERFF tracking number METF-127318429. | | |

| | | |
|-------------------------|--|---------------------|
| | Item Status: | Status Date: |
| Bypassed - Item: | Life & Annuity - Acturial Memo | |
| Bypass Reason: | N/A This filing is for an electronic application only. | |
| Comments: | | |



**CERTIFICATION OF READABILITY
FORM: WLSTO-NI-11 and 11M009-E**

This is to certify that Texas Life Insurance Company Form WLSTO-NI-11 and 11M009-E have achieved a Flesch Reading Ease Score of 56.60.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a large, looping "M" and a long, trailing "y".

Michael R. Khoury, JD
Director
Compliance

Texas Life Insurance Company
Waco, Texas

Date: 27 July 2011



CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 11-83, and does further certify that form 11M009 and 11M010 do comply with the guidelines of such Bulletin.

A handwritten signature in black ink that reads "Michael Khoury". The signature is written in a cursive style and is positioned above a horizontal line.

Michael Khoury, JD
Director
Product Development, Claims and Records

Date: 12 July 2011



CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, Waco, Texas, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 19, Unfair Sex Discrimination in the Sale of Insurance, and does comply with the guidelines of such Bulletin.

A handwritten signature in black ink that reads "Michael Khoury". The signature is written over a horizontal line.

Michael Khoury, JD

Director

Product Development, Claims and Records

Date: 21 March 2011